

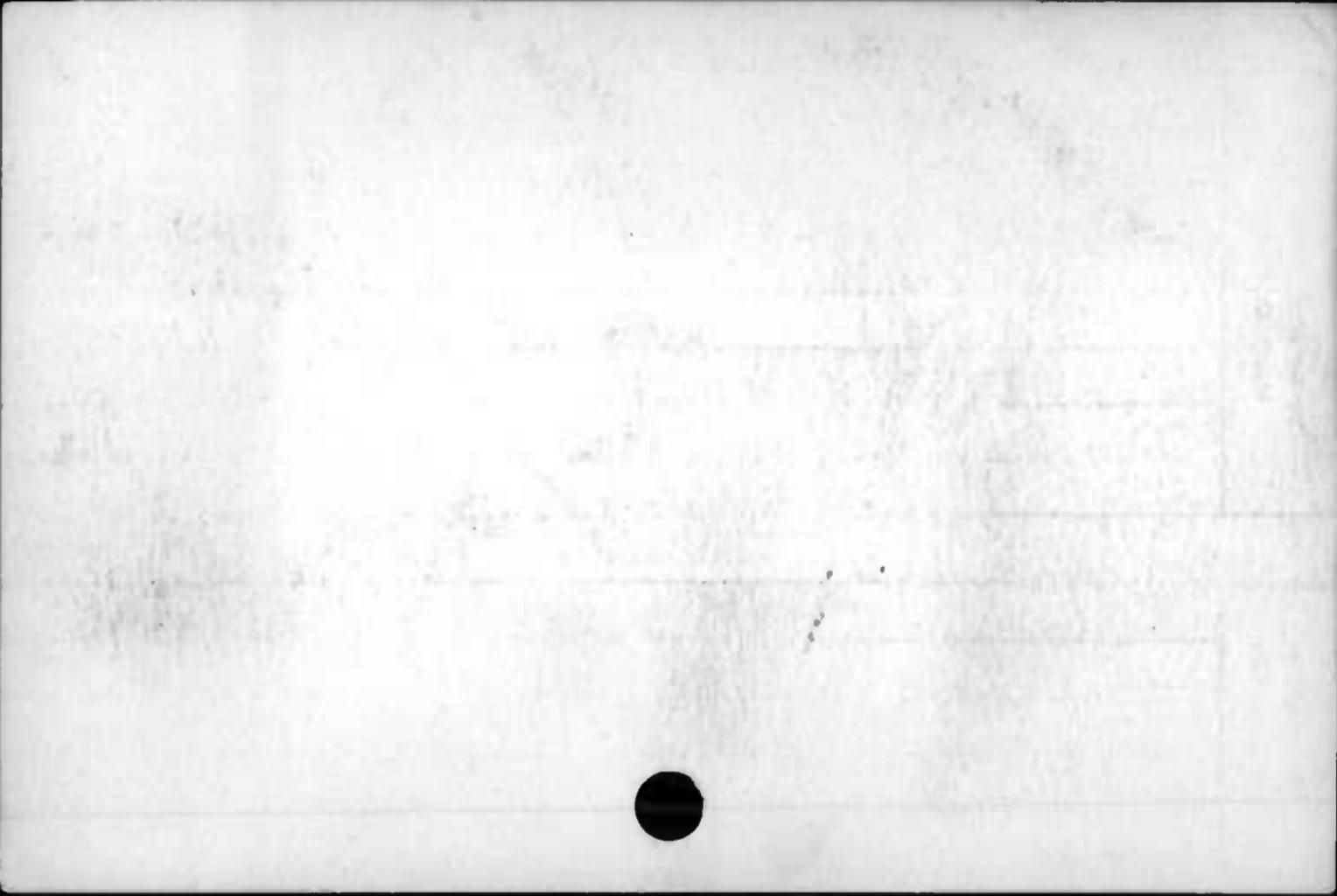
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Cheezum Burdett		Town			County		CERTIFICATE OF DEATH				
Died at	Bel Air	Month	Nov	Day	26	Years	68	MARYLAND			
Date of death	1907	Month	Nov	Day	26	Age	68	Months	5	Days	15
Sex	Male	Color or Race	White	Birth-place	Baltimore, Md.						
Occupation	Former	Where Residing if not at place of death			Baltimore, Md.						
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Anne Burdett			Father's Birthplace	Talbot Co., Md.				
Father's Name	James Burdett			Mother's Birthplace			Talbot Co., Md.				
Mother's Maiden Name	Elizabeth Anne Cheezum			How related to deceased			Son				
Name of person giving information	P. M. Burdett										
CAUSES OF DEATH											
Primary	Enlargement Heart			How long			120				
Immediate	Aneuric Conv.			How long			6 mos				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			J. B. Merritt				
				Address			E. Arbury				
Accident or Suicide?											

LIBRARY BUREAU ASSESS



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John F. Bartee</i>						CERTIFICATE OF DEATH	
Died at <i>Emergency Hospital Easton</i> Talbot County						MARYLAND	
Date of death 1907	Month Nov.	Day 8	Age 31	Years	Months 0	Days 25	
Sex Male	Color or Race		White	Birthplace <i>Virginia</i>			
Occupation <i>Singer Clerk</i>	Where Residing if not at place of death <i>Joy Barker</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband		<i>Joy Barker</i>				
Father's Name <i>Wm. H. Barker</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>Martha Jane Posen</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving Information <i>Mrs. J. Green</i>	How related to deceased <i>wife's Cousin</i>						

CAUSES OF DEATH

Primary

Typhoid

How long

25 days

Immediate

Hemorrhage - Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

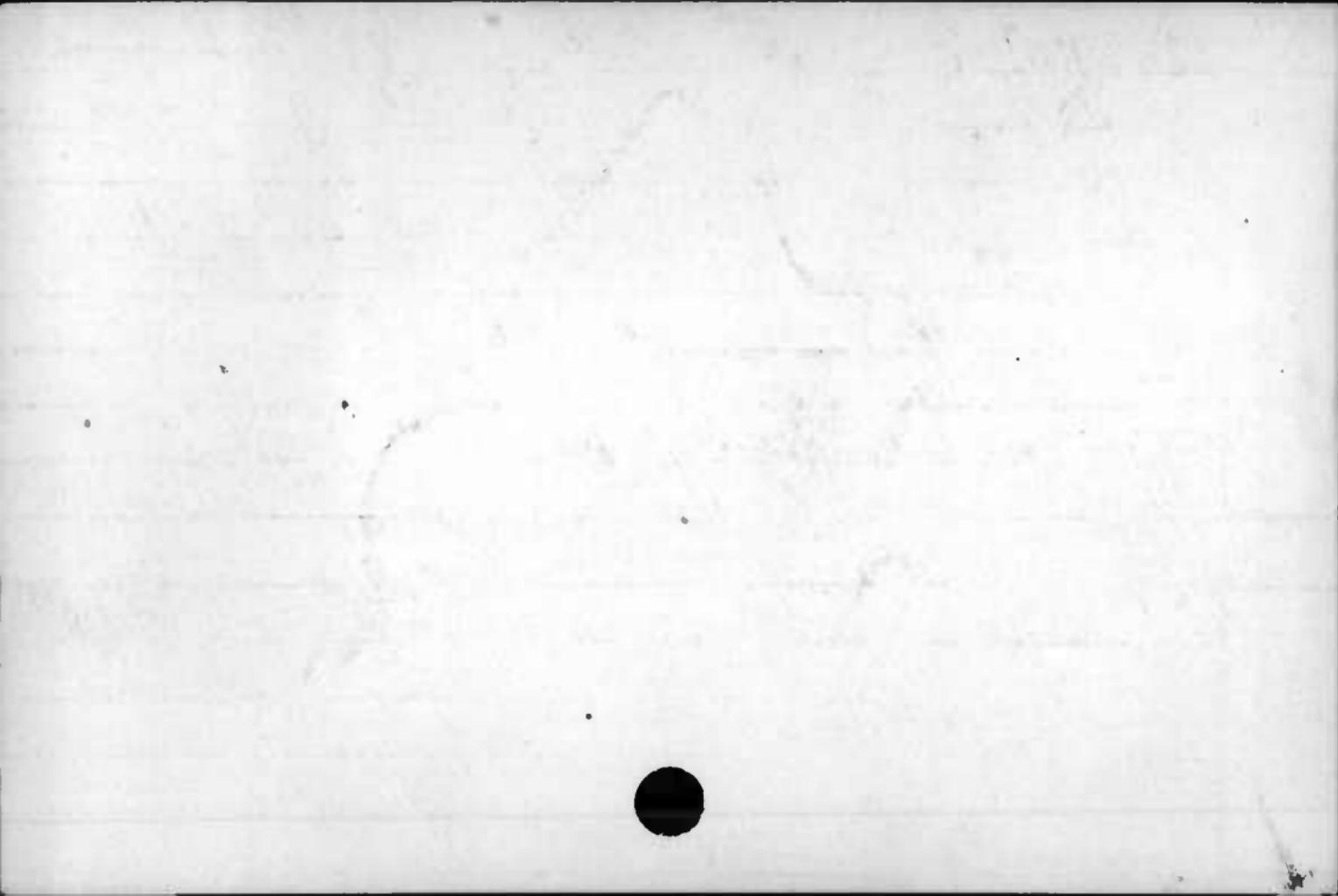
yes

Signature of Physician

Address

*Chas. F. Dandaw,
Easton, Md.*

~~Accident or Suicide~~



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Henry Bradbury.

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1907	Month Nov.	Day 25th	Years 62	Months Dec.	Days 9
Sex	male	Color or Race	white			
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Minnie J. Bradbury			
Father's Name	Wm. Bradbury		Father's Birthplace England			
Mother's Maiden Name	Mary Moulton		Mother's Birthplace Mass.			
Name of person giving Information	Mrs. Minnie Bradbury		How related to deceased wife			

Paralyses

CAUSES OF DEATH

Primary

Cerebral Aprosphy 64

How long

24 hrs.

Immediate

How long
24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

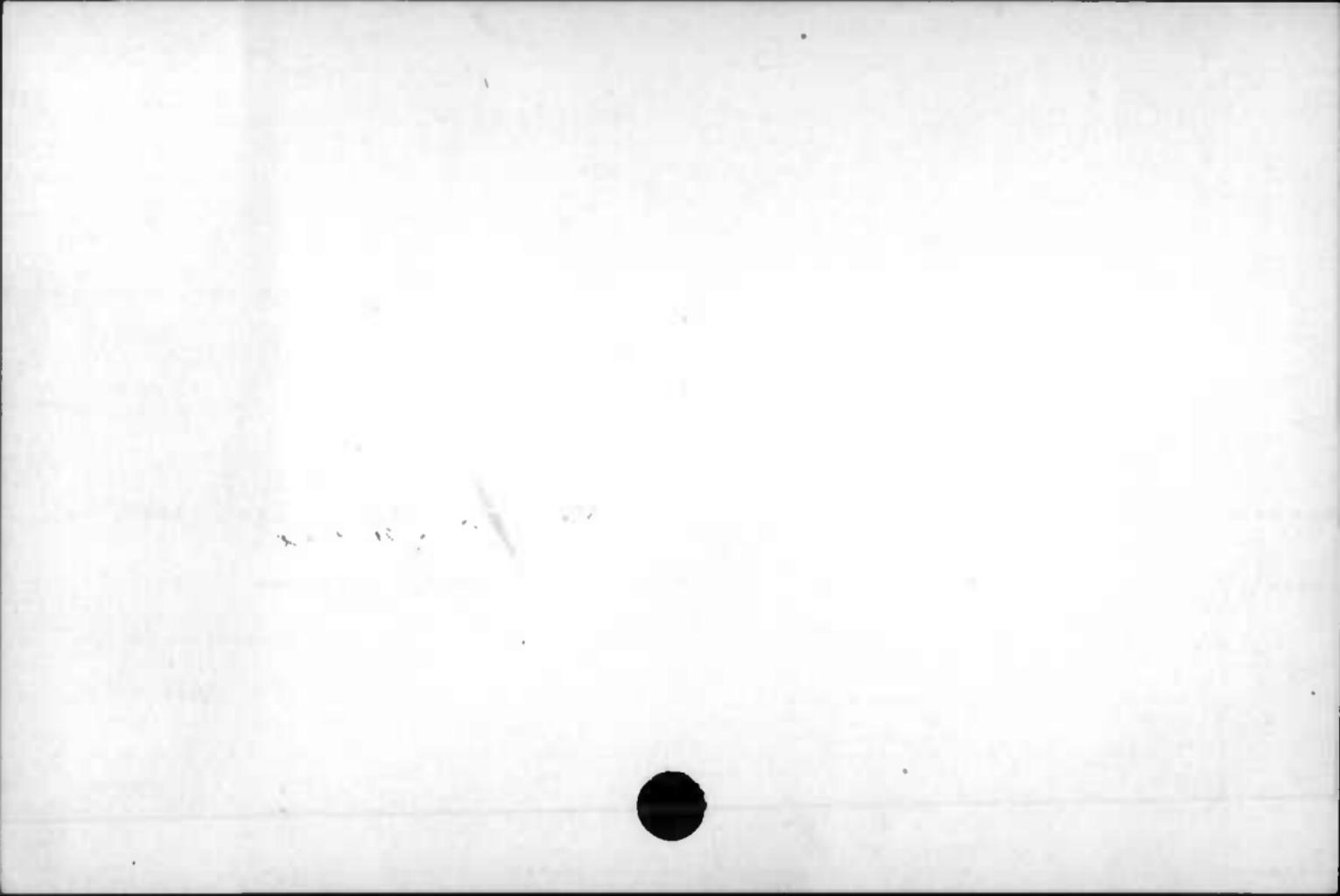
Address

J. A. Stevens
Easton

Accident or Suicide?

no

Mel.



Name
in
Full

Lettie Butler

CERTIFICATE OF DEATH

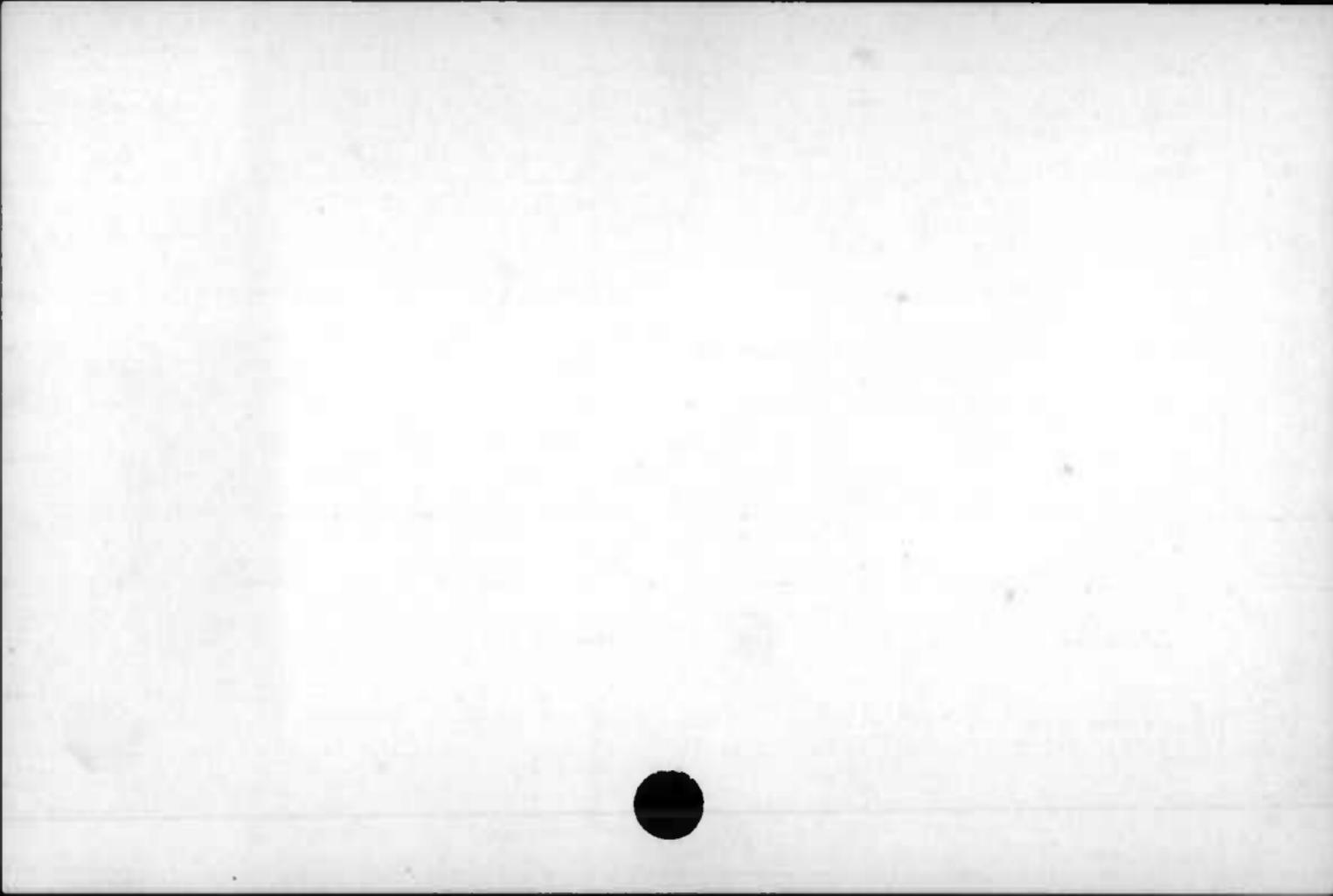
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND				
Died at Longwood	Talbot Co.					
Date of death 1907	Month Nov. 9	Day Friday	Years 16	Age	Months 4	Days 3
Sex female	Color or Race Black	Birth-place Forest laundry				
Occupation helped mother	Where Residing if not at place of death					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name Wm. H. Butler	Father's Birthplace Caroline Co.					
Mother's Maiden Name Fannie G. Butler	Mother's Birthplace Talbot "					
Name of person giving information Wm. H. Butler	How related to deceased Father					

CAUSES OF DEATH

Primary Typhoid Fever	How long 1
Immediate General Anesthesia	How long 3 days.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician P. L. Brown
	Address Boston, Mass.
Accident or Suicide?	



Name
in
Full

Addison Camper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Nov.	Day 12	Years 51	Months	Days
Sex Male	Color or Race white	Birth-place Talbot Co			
Occupation Oysterman	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Nannie B. Camper				
Father's Name adam Camper	Father's Birthplace Talbot Co.				
Mother's Maiden Name Mary H. Weddell	Mother's Birthplace Talbot Co.				
Name of person giving information Nannie B. Camper	How related to deceased wife				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 mth.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. J. B. Selb.
St. Michael,
D. D. S.

Accident or Suicide?



Name
in
Full

Daise C Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

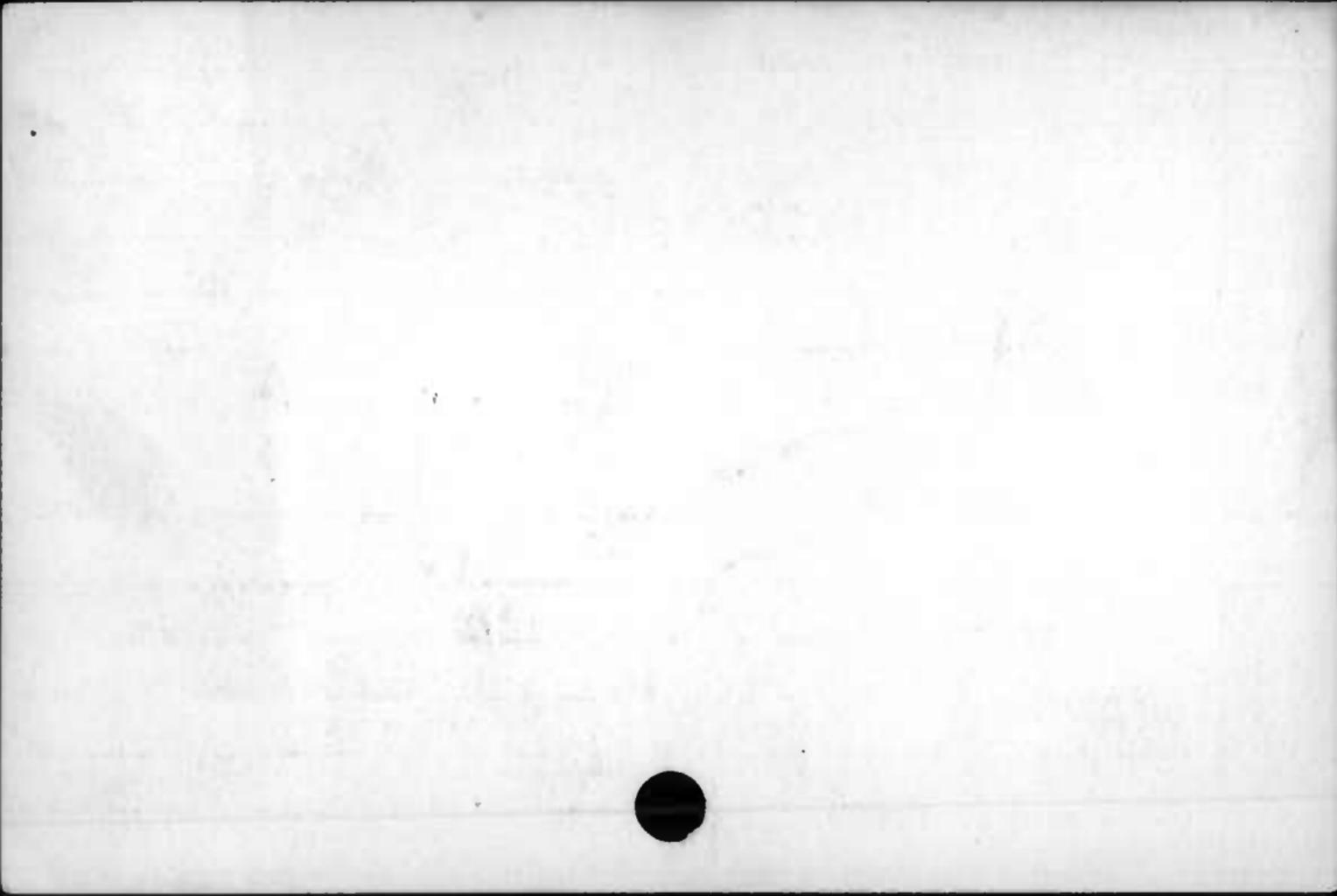
Died at <u>Near Easton</u>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>3</u>	Years <u>60</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Black</u>	Birth-place <u>Talbot Co</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Near Easton</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Robert F Camper</u>	Father's Birthplace <u>Talbot Co</u>				
Mother's Maiden Name <u>Fannie Gibson</u>	Mother's Birthplace <u>Talbot Co</u>				
Name of person giving information <u>Robert F Gibson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 weeks</u>
Immediate <u>Convulsive Convulsions</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. L. Groover</u>
	Address <u>Easton - Md.</u>
Accident or Suicide?	



Name
in
Full

Francis Leah Denby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near</u> <u>Trepp</u>		Town <u>Talbot</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>11</u>	Day <u>26</u>	Age <u>44</u>	Years <u>44</u>	Months <u>3</u>	Days <u>23</u>
Sex <u>Female</u>	Color or Race <u>Negro -</u>	Birth-place <u>Talbot Co. Md</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Stephen Denby</u>	Father's Birthplace <u>Dorchester Co. Md</u>				
Father's Name <u>Walter Banks</u>	Mother's Birthplace <u>Dorchester Co. Md</u>					
Mother's Maiden Name <u>Julia Anne Jolly</u>	How related to deceased <u>daughter</u>					
Name of person giving information <u>Georgina Potts</u>						

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary

Rheumatic Endocarditis

How long

3 weeks -

Immediate

Heart Failure

How long

2 hours -

Are the name, age, sex, color, date and place correctly given above?

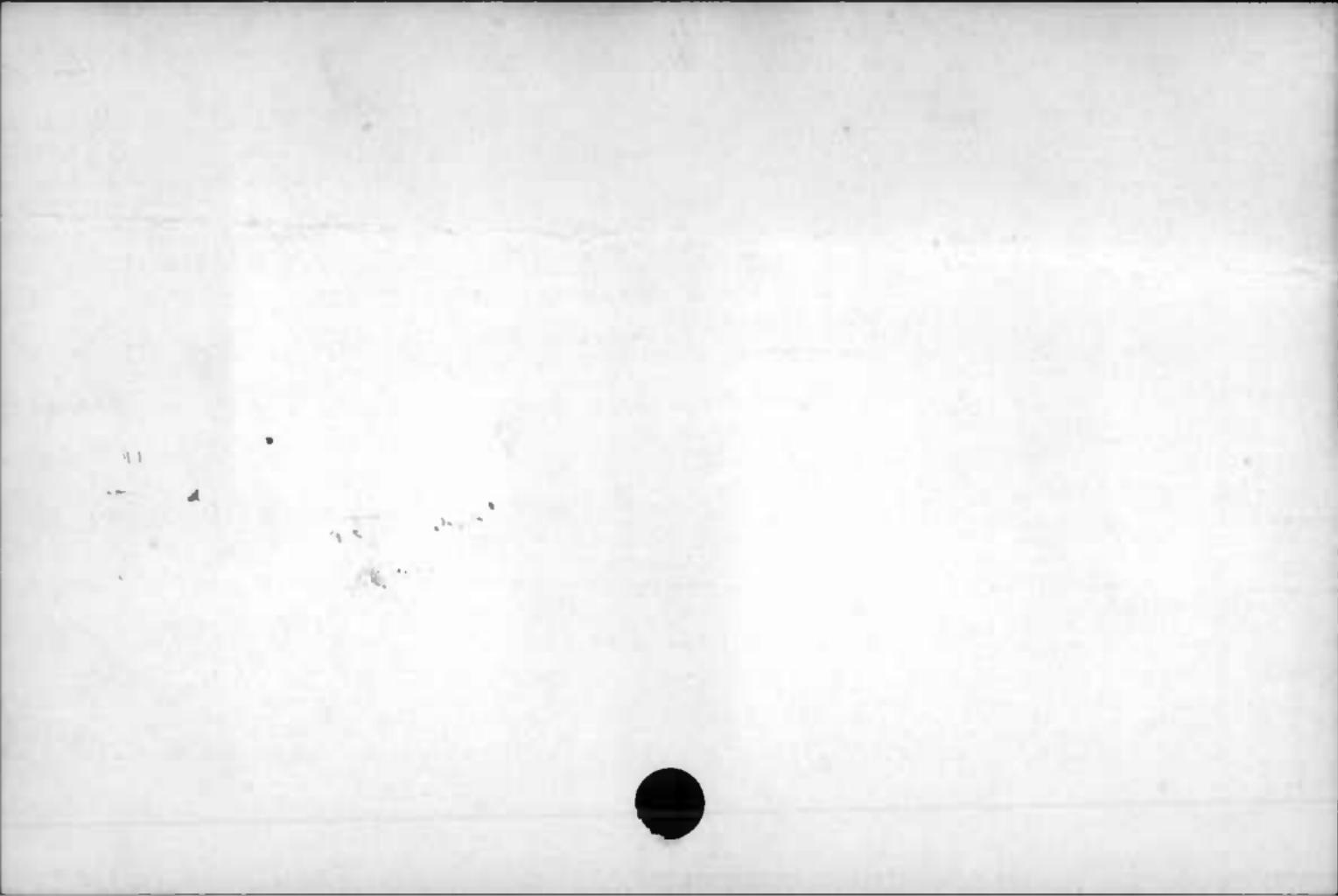
Signature of Physician

Yes.

Address

Joseph A Ross M.D.
Trepp Talbot Co. Md

Accident or Suicide



Name
in
Full

Souisa Embury

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Nov	Day 11	Age 33	Years	Months 1	Days 15
Sex	Female	Color or Race	White		Birth-place	Baltimore	
Occupation	At home		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Percy C Embury		Father's Birthplace	Germany	
Father's Name	John Walper				Mother's Birthplace	Germany	
Mother's Maiden Name	Frederica Blum				How related deceased	Husband	
Name of person giving Information	Percy C Embury				26		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Throat

How long

One year

Immediate

Exhaustion

How long

few wks

Are the name, age, sex, color, date
and place correctly given above?

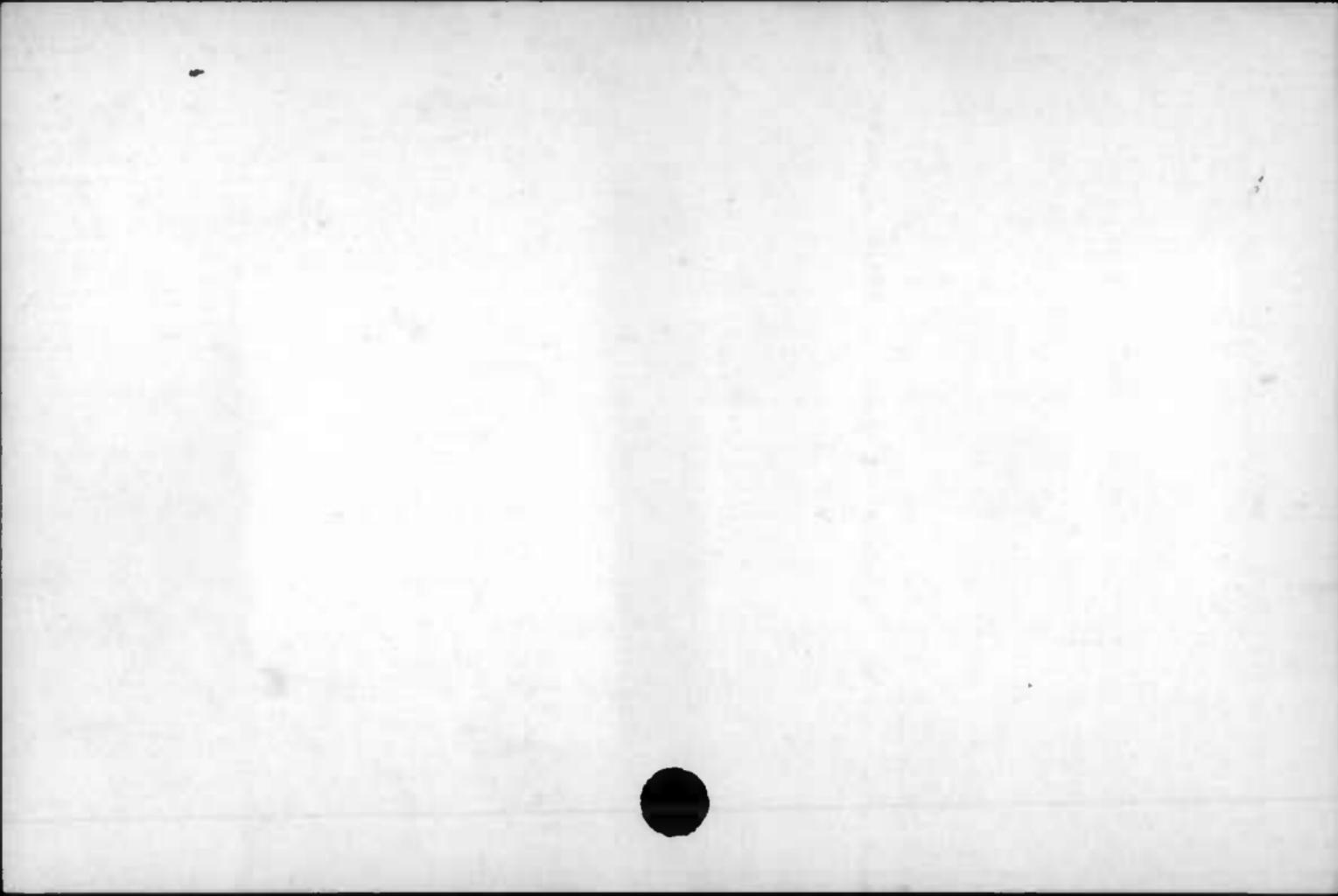
Yes

Signature of
Physician

Address

Chas. J. Daniels
Eaton, Md.

Accident or Suicide?



Name
in
Full

Mrs. Mary M. Gay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
Sex	Female	Color or Race	white	Age	59	
Occupation	Housewife					Where Residing if not at place of death
Married, Single or Widowed	Widow	Name of Wife or Husband	Louisa. Gay -			
Father's Name	John	Garrett				
Mother's Maiden Name	Mary Elizabeth					
Name of person giving Information	L. Freddie Gay					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Hemorrhage of Brain 7 days
Causing Paralysis of Right Arm & Leg

Immediate

Are the name, age, sex, color, date
and place correctly given above?

7/25

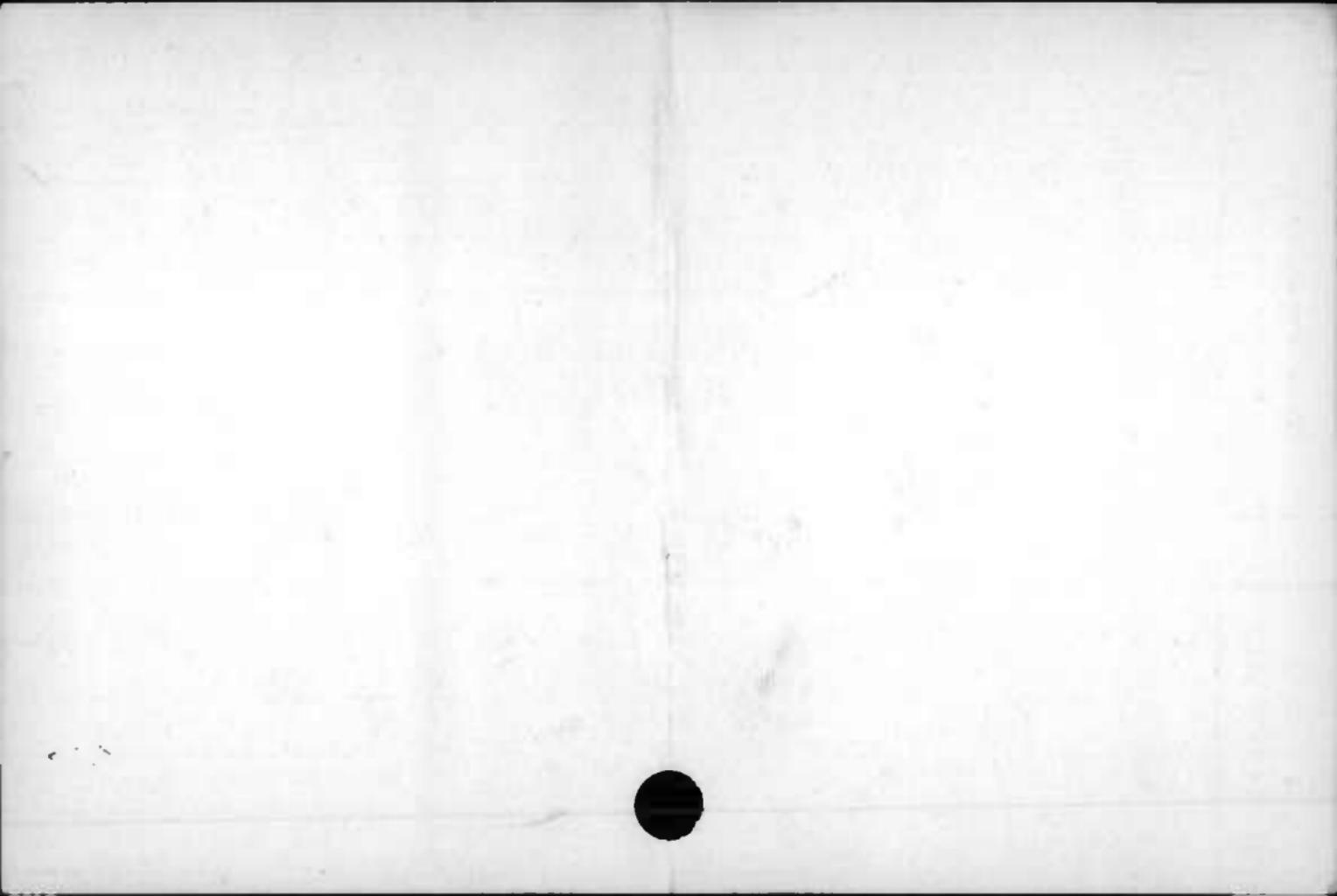
Signature of
Physician

Address

Robley Sackett
Tulon Anne
Md.

Accident or Suicide?

No



Name
in
Full

Florance E. Bandy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Earlton

County
Talbot

MARYLAND

Date
of death

Month

Day

Age

Years

Months

Days

1907 Nov

22

38

7

1

Sex

Color or
Race

Female

Black

Birth
place

St. Michaels

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Married

Lewis E. Bandy

Father's
Birthplace

Father's
Name

Olive Hopkins

X

Mother's
Maiden Name

Karuth Hobbes

Mother's
Birthplace

Name of person giving
Information

Lewis E. Bandy

How related
to deceased

Heir/bored

CAUSES OF DEATH

64

Primary

Apoplexy

How long

1

Immediate

Hypostatic pneumonia

How long

36 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

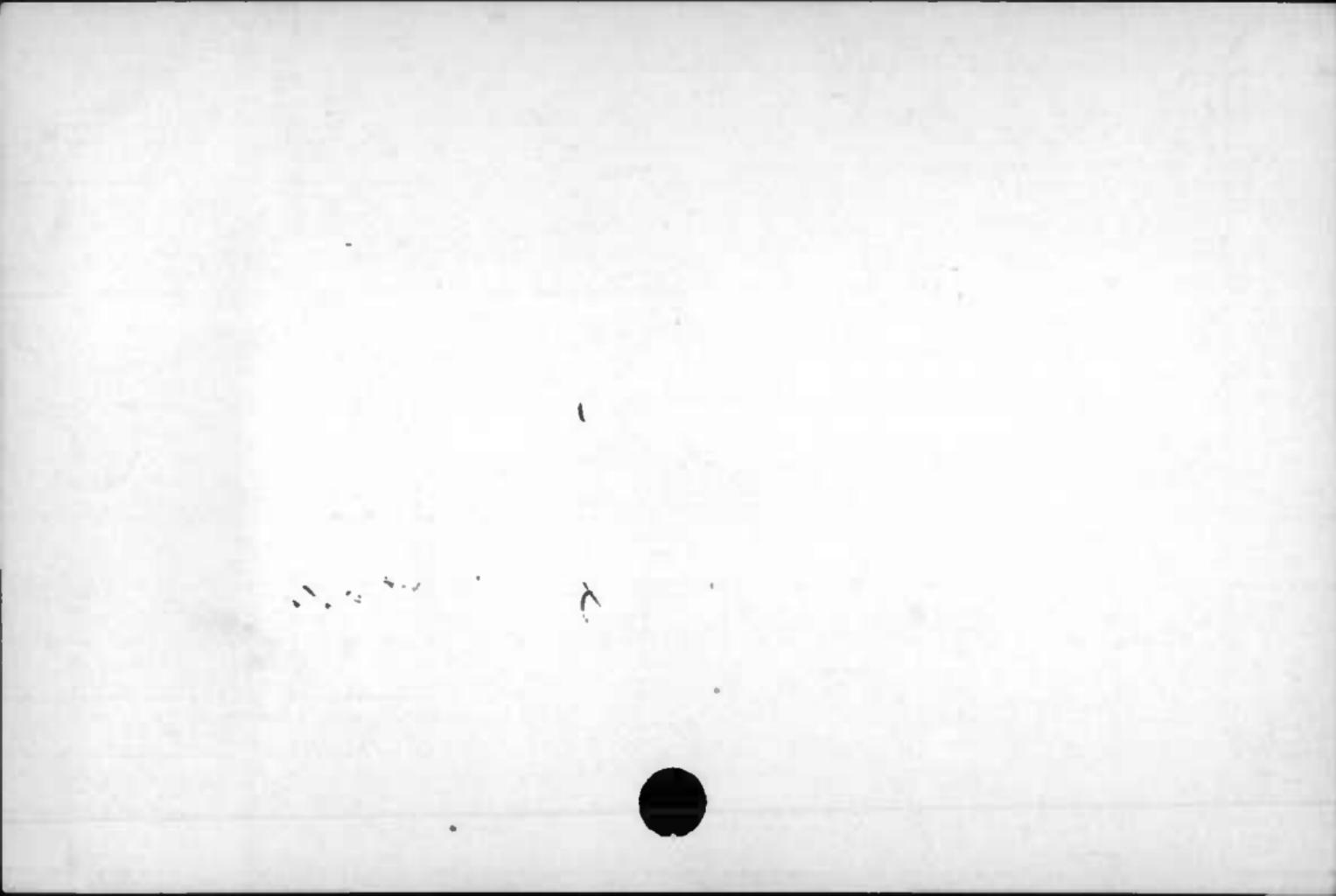
P. L. Evans

Address

Earlton Ind

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John H. T. Harrison

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Talbot Co	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Susan A Harrison	
Father's Name	James Harrison			
Mother's Maiden Name	Sarah Harrison			
Name of person giving information	John Harrison			

CAUSES OF DEATH

66

Primary

Paralysis

How long

24 hour

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

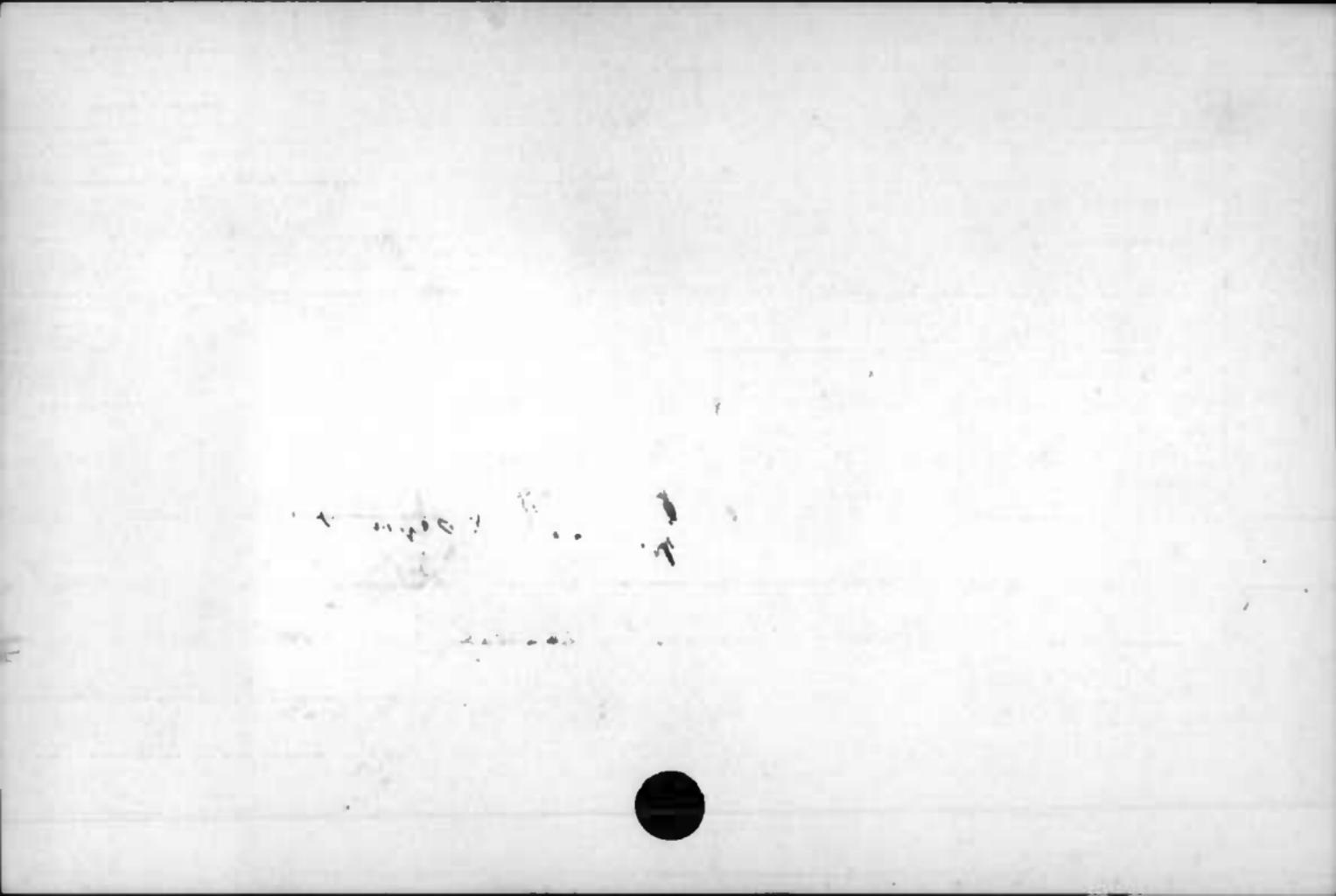
Signature of Physician

Address

Dr. J. B. Seth
J. Michaels

Accident or Suicide?

No



Name
in
Full

Henrietta Horney

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

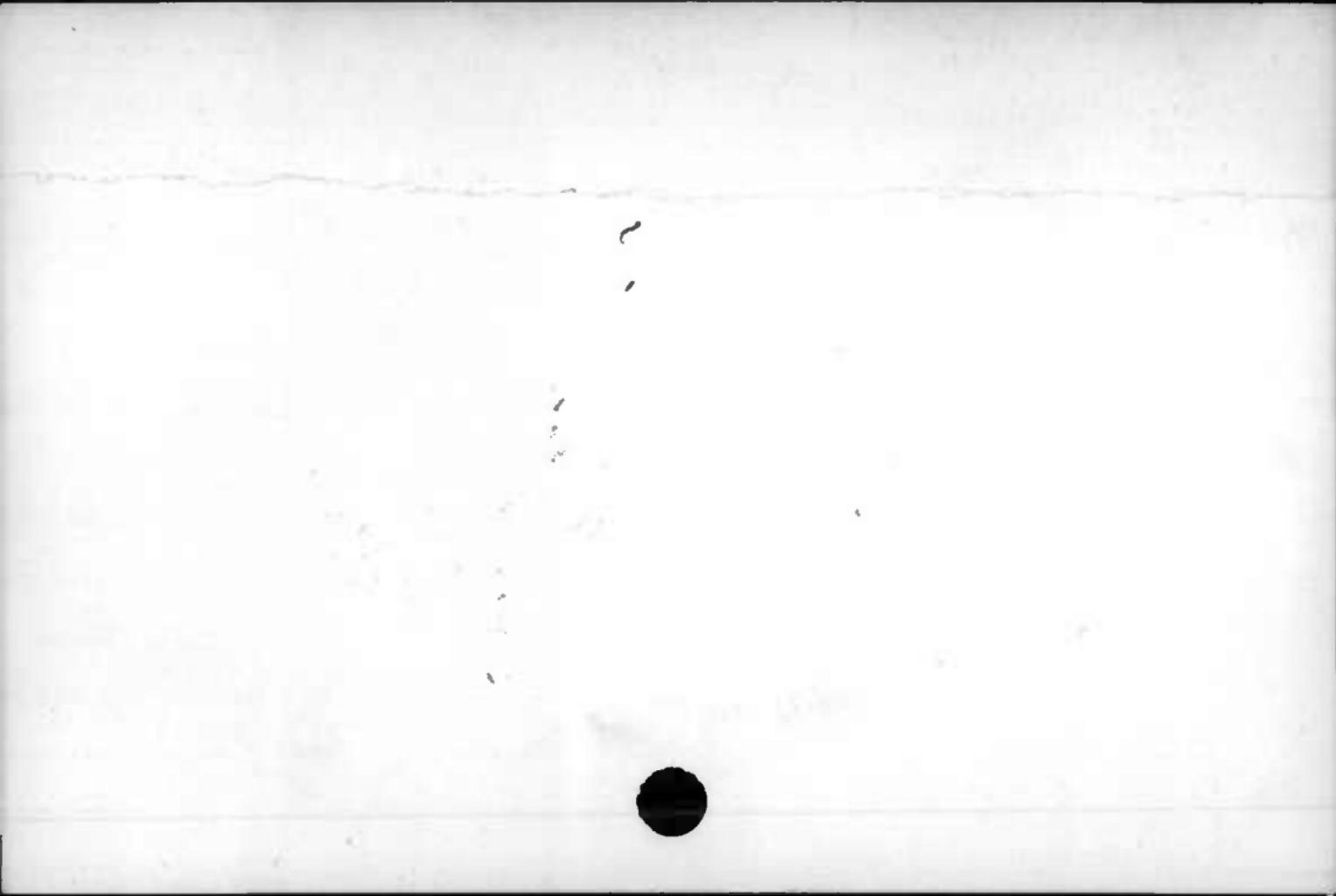
Died at	Town		County		MARYLAND	
Date of death	1907	Month Nov.	Day 30	Age 23	Years	Months
Sex	female		Color or Race	white	Birthplace	Talbot Co.
Occupation	none		Where Residing if not at place of death		✓	
Married, Single or Widowed			Name of Wife or Husband	✓		
Father's Name	Robert H. Horney				Father's Birthplace	Talbot Co.
Mother's Maiden Name	Henrietta Bartlett				Mother's Birthplace	Talbot Co.
Name of person giving information	Robt. H. Horney				How related to deceased	Father

CAUSES OF DEATH

27

Primary	Pulmonary tuberculosis	
Immediate	Exhalation	
Are the name, age, sex, color, date and place correctly given above?	yes	
Address	Wm. S. Seymour Trappe, Md.	
Accident or Suicide?	no	

PHYSICIAN
OR CORONER



Name
in
Full

Alfred Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		St. Michaels	Talbot			
Date of death	1907	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Age	67	
Occupation	water man			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Catherine Lee			
Father's Name	Edward Lee			Father's Birthplace	Talbot Co. Md	
Mother's Maiden Name	Harriet Jefferson			Mother's Birthplace	Talbot Co. Md	
Name of person giving information	Walter S. Keever			How related to deceased	acquaintance	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary

Gastric & Intestinal catarrh

How long

2 years

Immediate

Asthma

How long

2 mo

Are the name, age, sex, color, date and place correctly given above?

yes

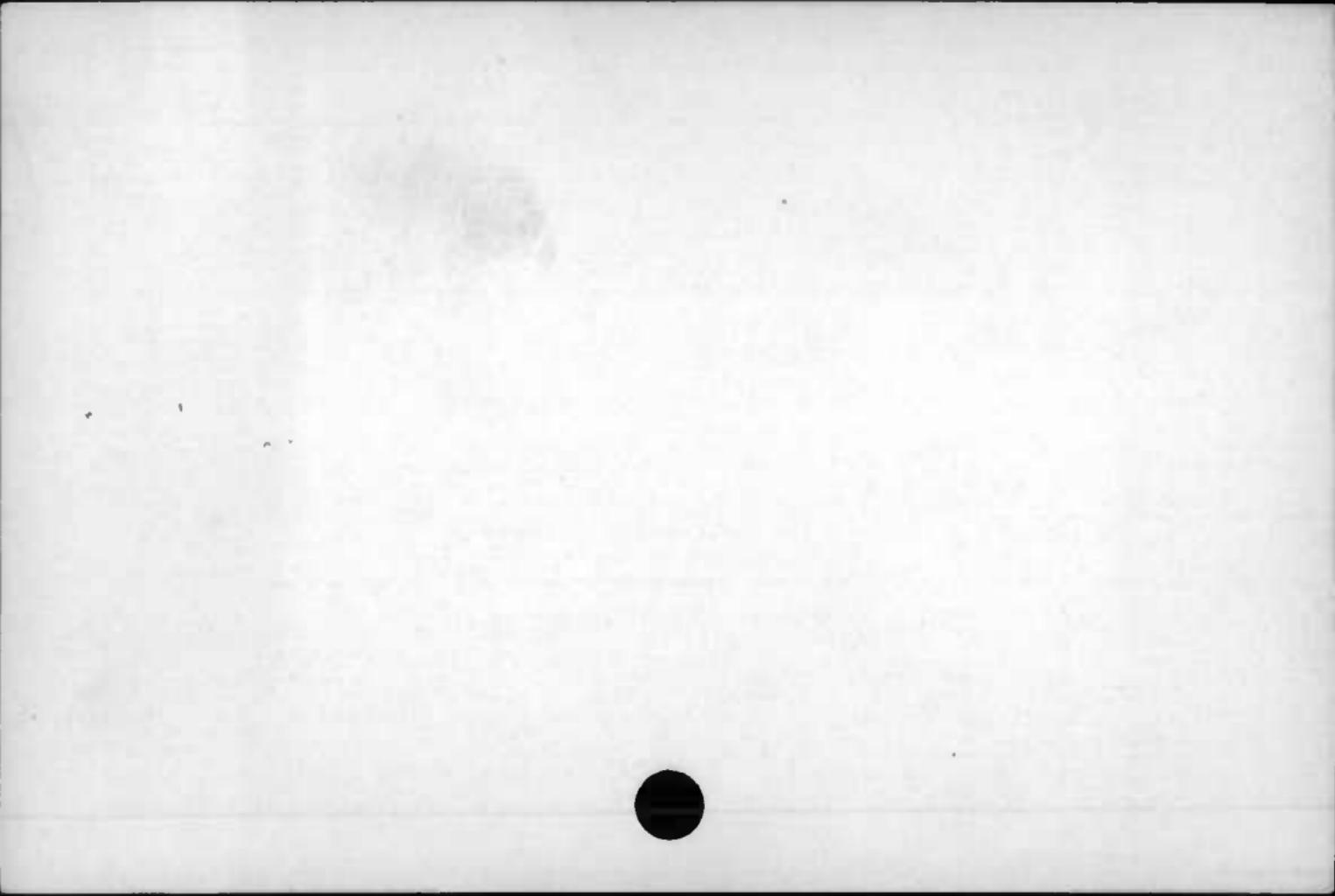
Signature of Physician

A. J. D. Glascock

Address

St. Michaels Md

Accident or Suicide?



Name
in
Full

Ellen Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Royal Oak</u> <small>Town</small>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>11</u>	Day <u>1</u>	Years <u>31</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Talbot Co</u>			
Occupation <u>Cook</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>James Moore</u>	Father's Birthplace <u>Talbot Co, Md</u>				
Mother's Maiden Name <u>Ellen Ross</u>	Mother's Birthplace <u>Talbot Co, Md</u>				
Name of person giving information <u>Mrs. Ellen Blake</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

27

Primary	<u>Tuberculosis</u>	How long	<u>3 years</u>
Immediate	<u>General debility</u>	How long	<u>20 3 mos</u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

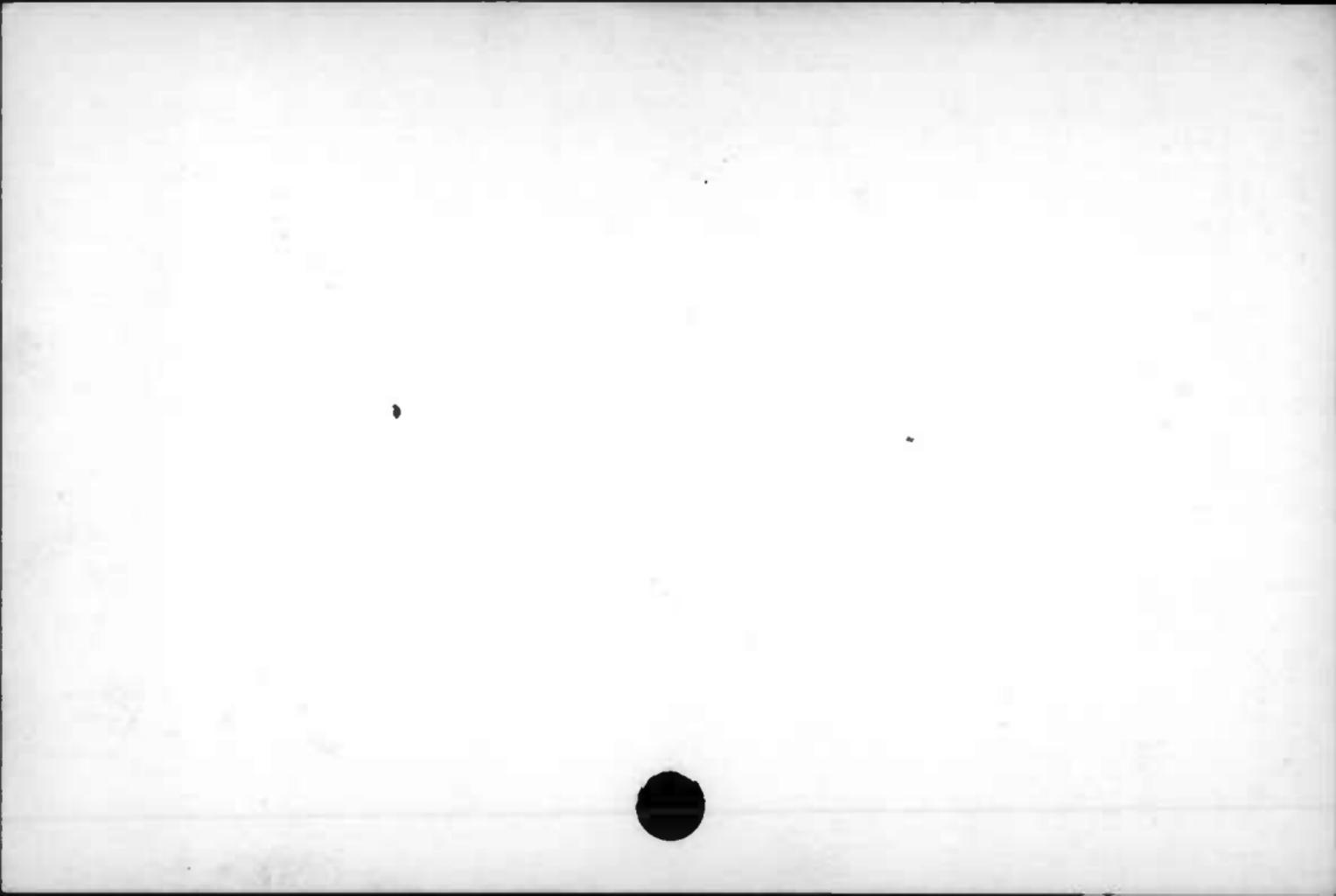
Signature of Physician

Address

Sam'l L. Tripp
Talbot Co, Md

J

Accident or Suicide?



Name
in
Full

Sarah. E Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Belvue		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Negro	Birth-place	Talbot Co Md.	
Occupation	Invalid		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Chas. H Murray	Father's Birthplace	Talbot Co Md.	
Father's Name	Chas Elliott					
Mother's Maiden Name	WV Brown			Mother's Birthplace		
Name of person giving information	Thomas Murray			How related to deceased	Son	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary
Old Age. Natural Causes

How long

Immediate
Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

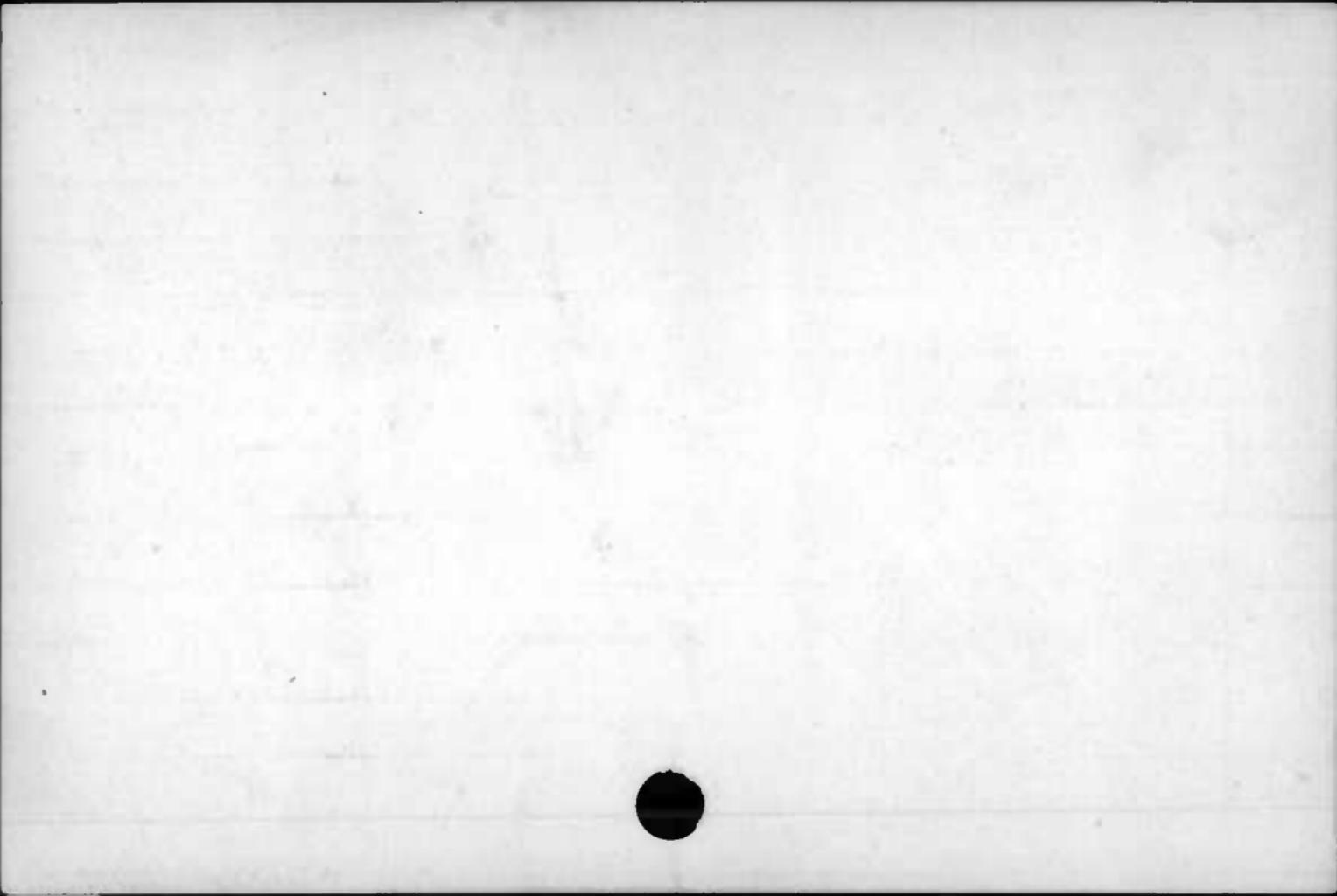
Yes

Signature of Physician

Address

Sam'l L. Triplett
Royal Oak

Accident or Suicide?



Name
in
Full

Neabel Lee Newnam

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month November	Day 13	Years 1	Months 4	Days 22
Sex	Female	Color or Race	Colored	Birth-place	McDaniel	
Occupation		Where Residing if not at place of death		McDaniel		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	George K. Newnam	Father's Birthplace		McDaniel		
Mother's Maiden Name	Ethel M. Goldsborough	Mother's Birthplace		Talbot Co		
Name of person giving information	George K. Newnam	How related to deceased		Father		

CAUSES OF DEATH

(179)

Primary

Infantile Convulsions

How long

1 yr

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

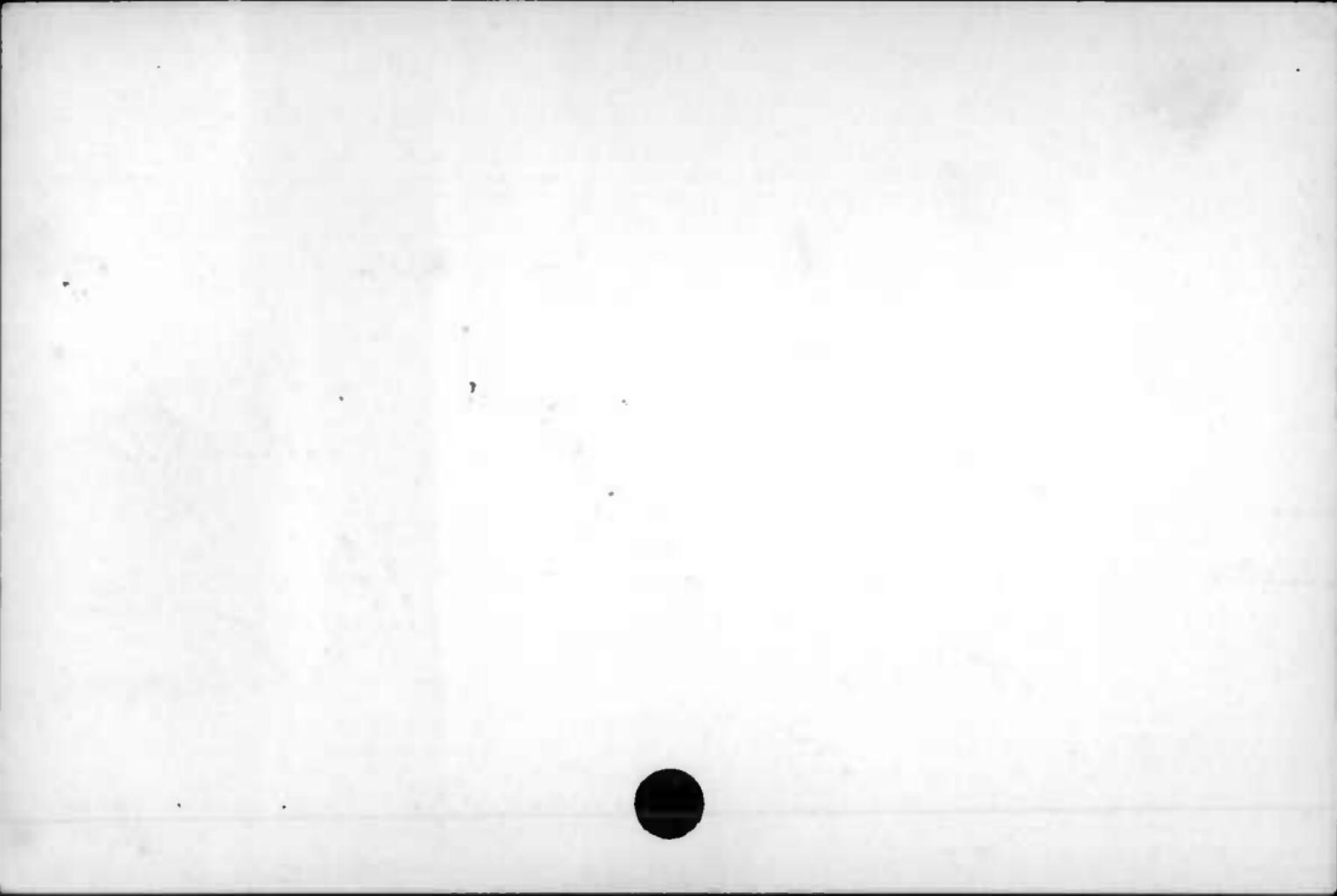
Yes

Signature of Physician

Address

Dr. J. B. Selt
188 Main St
Talbot Co

Accident or Suicide?



Name
in
Full

Jane Rinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	oxford	Calvert			
Date of death	1907 Nov	Day	11 Sept	Years	Age 82
Sex	Female	Color or Race	colored	Birth-place	Dorchester
Occupation	Labour	Where Residing if not at place of death	Dorchester County		
Married, Single or Widowed	Widow	Name of Wife or Husband	William Rinder		
Father's Name	William Simson	Father's Birthplace	Dont Know		
Mother's Maiden Name	Dont Know	Mother's Birthplace	Dont Know		
Name of person giving Information	John W Rinder son	How related to deceased	Son		

CAUSES OF DEATH

154

How long

11 years

How long

Short time

PHYSICIAN
OR CORONER

Primary
old age

Immediate
old age

Are the name, age, sex, color, date and place correctly given above?

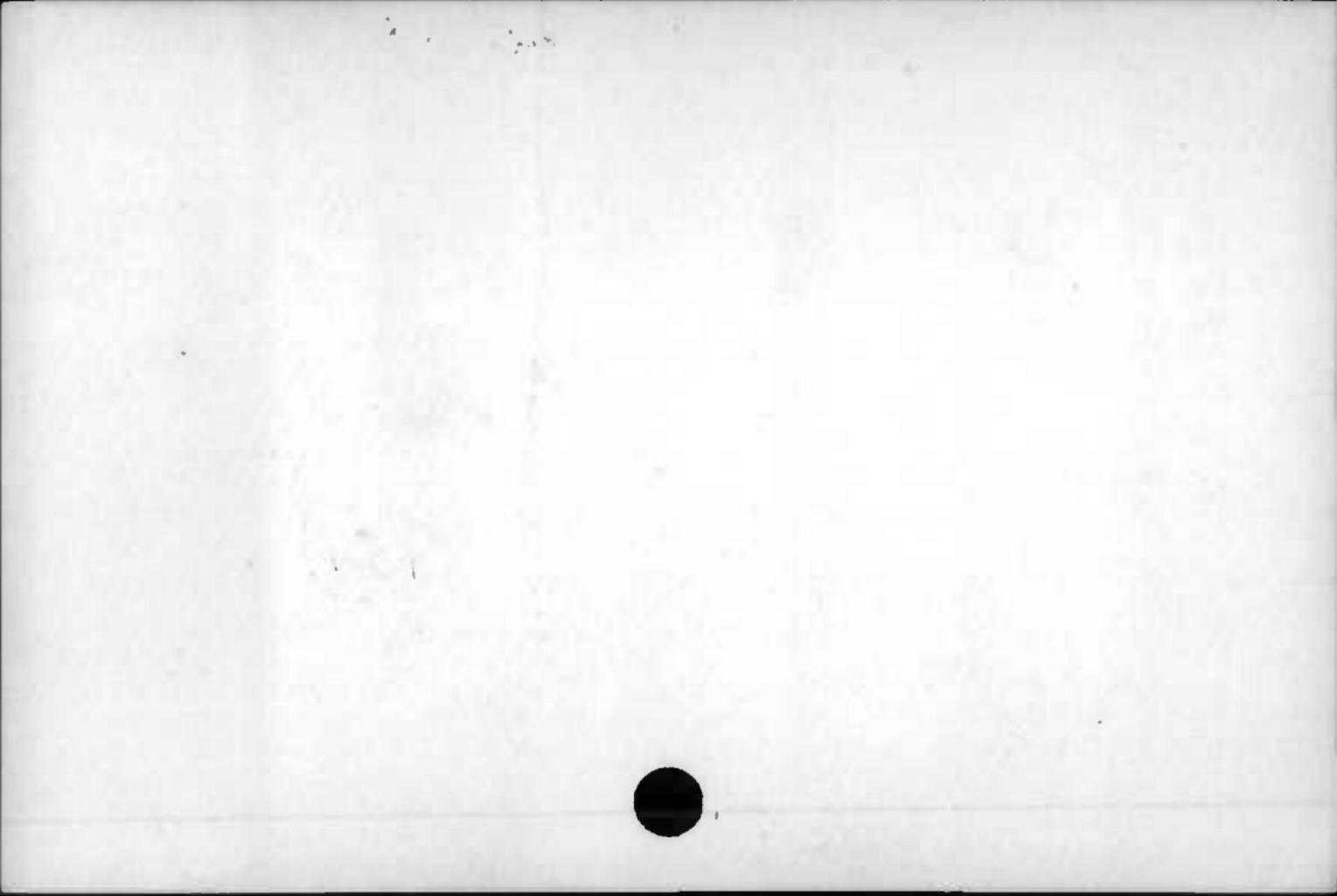
yes

Signature of
Physician

Address

J. M. Eccles M.D.
oxford Mass.

Accident or Suicide?



Name
in
Full

George H. Schroeter Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

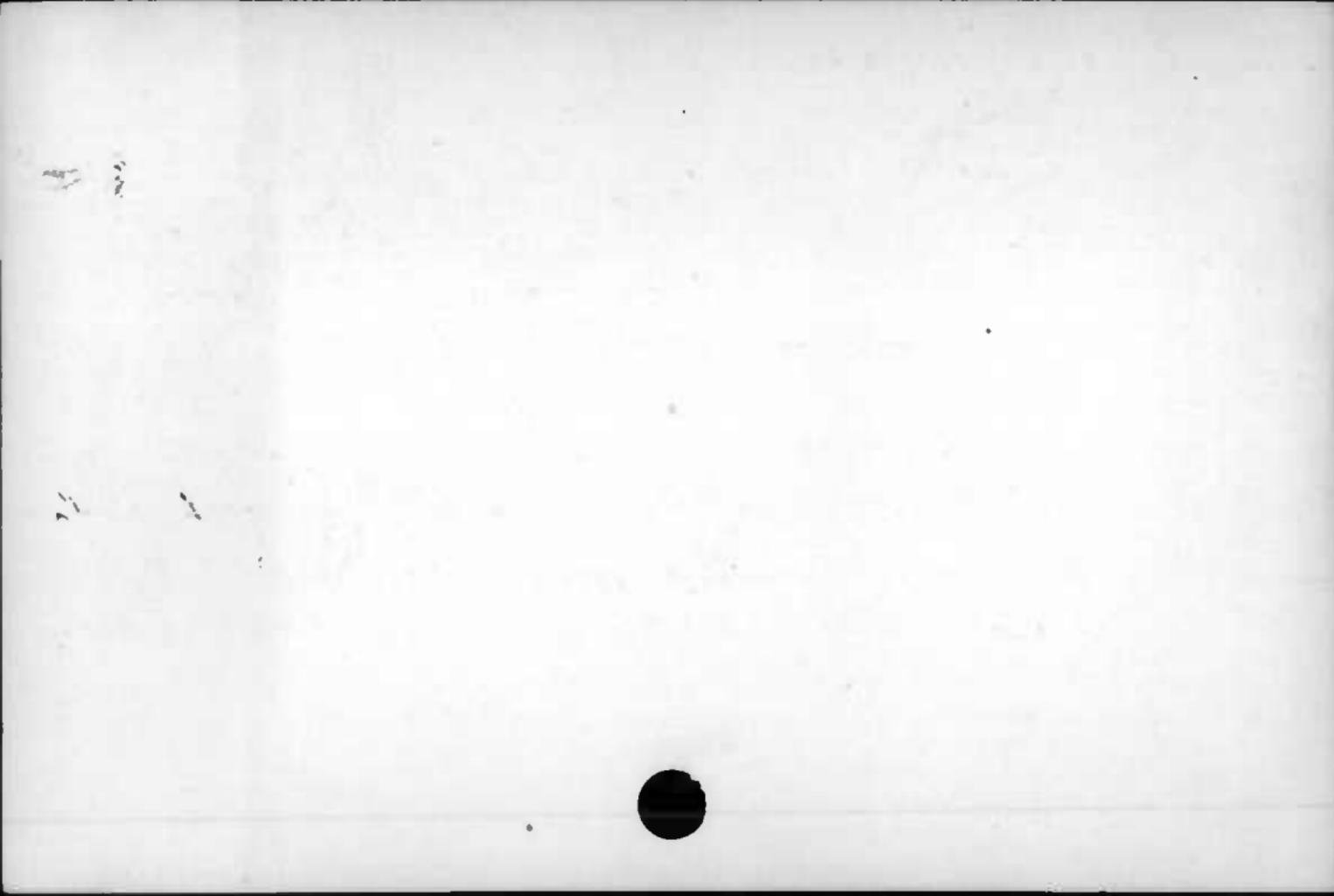
Died at	Town	County	MARYLAND		
Offord.	Dalbot.		9	10	
Date of death 1907	Month	Day	Years	Months	Days
Nov.	24	Age	16		
Sex	Male	Color or Race	White	Birth-place	Offord. Md
Occupation	None -	Where Residing if not at place of death	Offord.		
Married, Single or Widowed	Name of Wife or Husband	None			
Father's Name	George H. Schroeter	Father's Birthplace	Patterson, N.J.		
Mother's Maiden Name	Sophia M. Miller	Mother's Birthplace	Balto. Md.		
Name of person giving information	George H. Schroeter	How related to deceased	Hather		

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	Congenital Paralysis		Since birth
Immediate	Dyspepsia, asthma		Short time
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. M. Eades M.D.
		Address	Offord. Md.
Accident or Suicide?			



Name
in
Full

Charles J. Sellers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

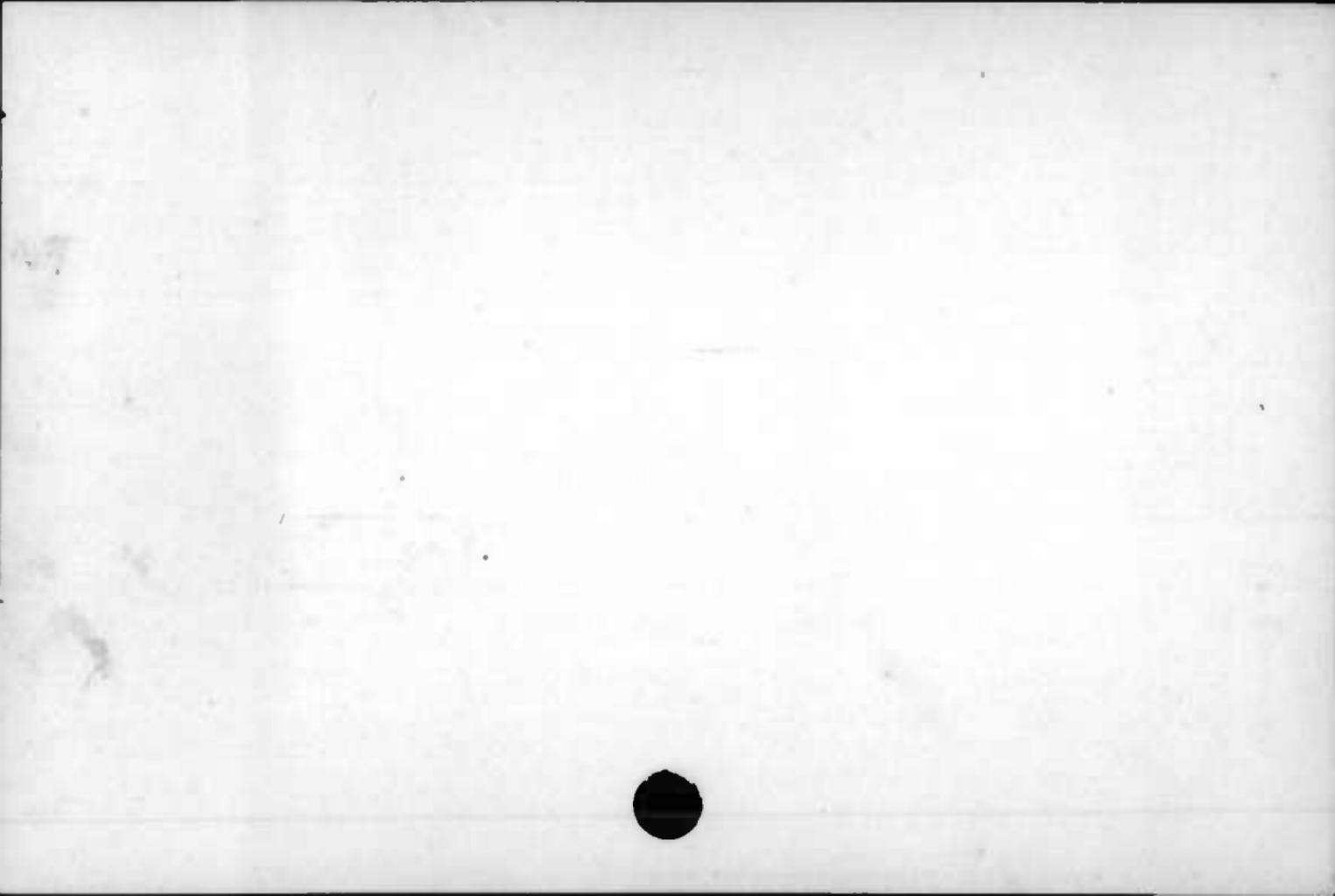
Died at <u>Bellvue</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>9th</u>	Age <u>14</u>	Years	Months _____ Days _____
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Talbot Co.</u>			
Occupation <u>School Boy</u>			Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband		Father's Birthplace <u>Dorchester Co.</u>	
Father's Name	<u>George E. Sellers</u>		Mother's Birthplace <u>Dorchester C</u>		How related to deceased <u>Father</u>
Mother's Maiden Name	<u>Mary C. Reed</u>				
Name of person giving information	<u>Geo. E. Sellers</u>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<u>Gunshot wound - left thigh</u>	How long <u>About an hour</u>
Immediate	<u>Hemorrhage - cardiac failure</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Johnstone M.D.</u>
		Address <u>St. Michaels</u>
Accident or Suicide?		<u>Accident</u>



Name
in
Full

Thomas Wayman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

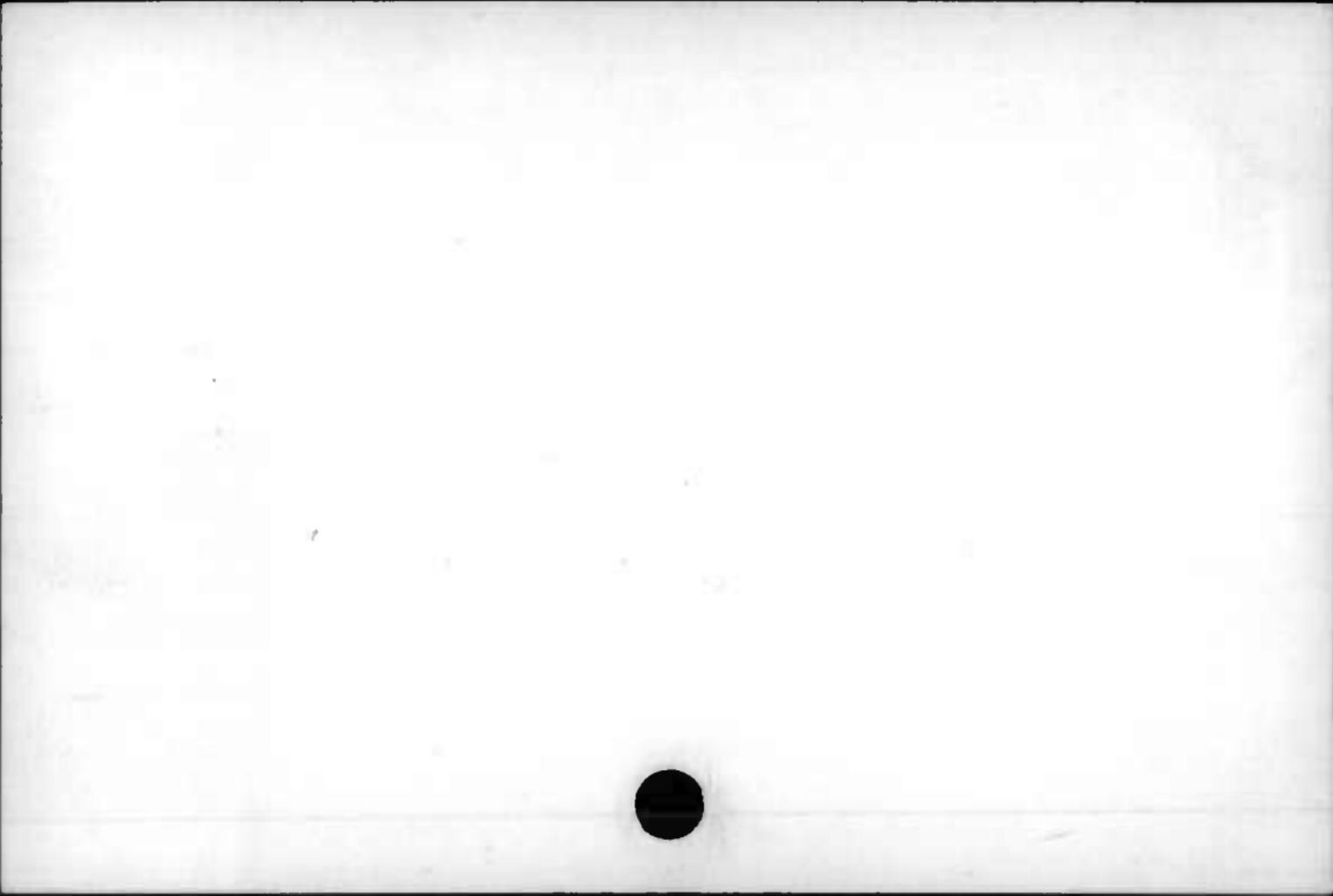
Died at	Town	County	MARYLAND		
Died at	Oxford	Talbot			
Date of death	Month	Day	Years	Months	Days
1907	Nov	20	72	1	3
Sex	male	Color or Race	White	Birth-place	Broad Creek
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Marguerite Ann Wayman		
Father's Name	Thomas Wayman			Father's Birthplace	Broad Creek
Mother's Maiden Name	Loretta Ball			Mother's Birthplace	Broad Creek
Name of person giving information	Marguerite St. Wayman			How related to deceased	Wife

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy & Pneumonia		How long	5 days
Immediate	Heart Failure		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. P. Roberts	
		Address	Oxford Maryland	
Accident or Suicide?				



Name
in
Full

Elsie M. Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Easton		County Calvert		MARYLAND	
Date of death 1907	Month Nov	Day 24	Years —	Months 3 weeks	Days —
Sex Female	Color or Race White	Birth- place Calvert Co			
Occupation —	Where Residing if not at place of death				
Married, Single or Widowed ✓	Name of Wife or Husband ✓				
Father's Name William A. Willis			Father's Birthplace Calvert Co		
Mother's Maiden Name Margaret M. Booth			Mother's Birthplace " "		
Name of person giving Information Wm. Willis			How related to deceased Father		

CAUSES OF DEATH

18

Primary

Encephalitis

How long

10 days

Immediate

Arthritis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

P. L. Morris
Easton, Md

Accident or Suicide?

PHYSICIAN
OR CORONER

